PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003									6/6	9	797	8	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIMS	3				(Column 2)				OF	SMALL	ENTITY	
			33		ļ		RA	TE	FEE	_	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	385.00	OF	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			32 m	inus 20=	*)	3	X\$	9=	117	OF	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		*	2	X4	3=	86	OR	7,00		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+14	5	02	7			
*	f the difference	e in column 1 is	ero, enter	"0" in	column 2	TOT		< 0 c	OR	<u> </u>	<u> </u>		
CLAIMS AS AMENDED - PART II								AL	588	OR		L	
		(Column 1)	(Column 2) (Column 3)				SMA	LL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL	
	Total	*	Minus	** 、		=	X\$ 9)=	1 4-6	OR	X\$18=	FEE	
	Independent	*	Minus	***		= ,	X43	=		1	X86=	<u></u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	\dashv		OR			
1, 8, 1,6 2,1 29 TOTA										OR	+290=		
								TAL		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS	ī	(Colum		(Column 3)					_		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RAT	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***		=	X43=			OR	X86=		
	THOTTRESE	NIATION OF WIL	LIPLE DEF	PENDENT	LAIM		145	_					
							+145: TOT	L		OR	+290=		
								EE L		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												, .	
MEN		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	T		1,	X\$18=		
	Independent		Minus	***		=		╁		OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=	_		OR	X86=		
* If	the entry in colum	nn 1 is less than the	ntry in only	nn 2in a	\" in1	2	+145=		_ '	OR	+290=		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
T	he "Highest Numb	per Previously Paid	For" (Total or	Independent	ess than) is the i	ು, enter "3." nighest number f			priate box	in colu	 mn 1		